TUE

FEE TRANSMITTAL for FY 2003

JUL 2 1 2003

TOTAL AMOUNT OF PAYMENT

(\$) 750.00

Complete if Known					
Application Number	09/889,252	"CCs"			
Confirmation Number	2489	JUI VE			
Filing Date	July 13, 2001	70 3 2000			
First Named Inventor	Hajime Baba	1>00			
Examiner Name	Chartes I. Boyer				
Group/Art Unit	1751				
Attorney Docket No.	AA384F				

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated		3. ADDITIONAL FEES				
fees and credit any over payments to:	Code	(\$)	Fee Description Fee Paid	i		
Deposit Account Number 16-2480	1051	130	Surcharge-late filing fee or oath	<u> </u>		
Deposit Account Name The Procter & Gamble Company		50	Surcharge-late provisional filing fee or cover sheet	0		
[X] Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17	1053	130	Non-English specification	ם		
	1812	2,520	For filing a request for ex parte reexamination	0		
	1804	920*	Requesting publication of SIR prior to Examiner's action []			
FEE CALCULATION		1,840*	Requesting publication of SIR after Examiner's action []			
1. BASIC FILING FEE - Large Entity	1251	110	Extension for reply within 1st month	0		
	1252	410	Extension for reply within 2nd month	0		
Code (\$) <u>Fee Description</u> <u>Fee Paid</u>	1253	930	Extension for reply within 3rd month	ß		
1001 750 Utility filing fee []	1254	1,450	Extension for reply within 4th month	Õ		
1002 330 Design filing fee []		1,970	Extension for reply within 5th month	Ď		
1004 750 Reissue filing fee []	1401	320	Notice of Appeal	Ō		
1005 160 Provisional filing fee []	1402	320	Filing a brief in support of an appeal	0		
	1403	280	Request for oral hearing	0		
SUBTOTAL (1) (\$)[]	1451	1,510	Petition to institute a public use proceeding	0		
	1452	110	Petition to revive - unavoidable	0		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity	1453	1,300	Petition to revive - unintentional	D		
	1501	1,300	Utility issue fee (or reissue)	0		
Extra Fee from Fee	1502	470	Design issue fee	0		
<u>Claims</u> <u>Below</u> <u>Paid</u>	1460	130	Petitions to the Commissioner	0		
Total Claims $[] - 20^{**} = [] \times [] = []$	1807	50	Petitions related to provisional applications	Q.		
			(37 C.F.R. 1.17(q))	_		
Independent Claims [] - 3** = [] x [] = []	1806	180	Submission of Information Disclosure Statement	Ü		
Multiple Dependent [] = []	1809	750	Filing a submission after final rejection	n		
** or number previously paid, if greater; For Reissues, see below	1010	750	(37 CFR § 1.129(a))	0		
Code (\$) Fee Description	1810	750	For each additional invention to be	n		
1202 18 Claims in excess of 20	1801	750	examined (37 CFR §1.129(b) Request for Continued Examination (RCE)	[] [X]		
1201 84 Independent claims in excess of 3	1802	900	Request for expedited examination	U 7√1		
1201 OT HISOPOLICON DIMINO III ONOCCO OI O	1	900	of a design application	u		
1203 280 Multiple dependent claim, if not paid	1454	1300	• • • • • • • • • • • • • • • • • • • •	0		
1204 84 **Reissue independent claims over original patent			priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)			
1205 18 **Reissue claims in excess of 20 & over original patent						
		fee (sp	ecify)	0		
			ecify)	ā		
SUBTOTAL (2) (\$)[]	* Redu	uced by	Basic Filing Fee Paid SUBTOTAL(3)	(\$) [750]		

SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Julia A. Glazer	Registration No.	41,783	Telephone	(513) 627-4132	
Signature		L. Kills		Date	July 15, 2003	

WARNING Internation withis form may become public. Credit Card information and be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.